

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040796

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 257 Primary Registration District No. 5881 Registrar's No. 31

FILED NOV 5 1963

1. PLACE OF DEATH a. COUNTY <b>OSAGE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>OSAGE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Wetzelson Township</b>		c. CITY OR TOWN <b>R.F.D-1 - Belle-Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location): <b>On his farm, n.w. Belle-Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>William Henry Enloe</b>		4. DATE OF DEATH <b>OCT - 30 - 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-4-1884</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>	
11. BIRTHPLACE (City and state or country) <b>Cuba - Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13. FATHER'S NAME <b>John Enloe</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Plowman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Louis Enloe - Belle - Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fractured Neck and Left Clavicle, and Thoracic Cavities Injuries</b> DUE TO (b) <b>Farm Tractor accidental turning Over on Him.</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <b>Apparently Instantly</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Farm Tractor accidentally overturned upon him</b>		20c. TIME OF INJURY <b>11:00 AM</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>On Farm</b>	
20f. CITY, TOWN, OR LOCATION <b>Belle</b>		COUNTY <b>Osage</b> STATE <b>Mo.</b>	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at <b>Approx 11:00 A M</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Coroner</b>		22b. ADDRESS <b>Box M, Linn, Mo.</b>	
22c. DATE SIGNED <b>11-2-63</b>		23a. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	
23b. DATE <b>Nov 2 - 1963</b>		23c. LOCATION (City, town, or county) (State) <b>Crawford County - Mo.</b>	
24. MINERAL DIRECTOR <b>Chas. S. Sasser</b>		25. DATE RECD. BY LOCAL REG. <b>11-2-1963</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Clyde Maston</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

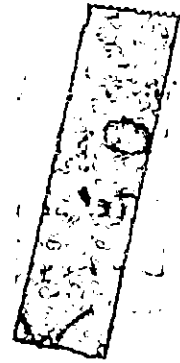
SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

111.115 5-17-71



**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Cherita Sasser

Licensed Embalmer No. 4178

P. O. Address Blant Mv.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

EL-2-11